

EXHIBIT 51

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CONFIDENTIAL NEUROPSYCHOLOGICAL EVALUATION

Name: Ke'Aujanaa Shepherd-Friday
Chronological Age: 19 years, 1 month
Neuropsychologist: Chiarina Owens, Ph.D.
Date of Birth: 7/15/2002
Date of Evaluation: 03/17/2021

SUMMARY OF EVALUATION

Ke'Aujanaa was a 19 year, 1-month-old, right-handed, English-speaking female with a history notable for Sickle Cell Disease (SCD), symptoms of both anxiety and depression, an attention deficit, and academic problems. The purpose of the current evaluation was to assess Ke'Aujanaa's present neurobehavioral functioning, provide diagnostic clarification, and assist with treatment planning and recommendations with respect to her educational needs.

Test results confirm the clinical significance of concerns presented by Ke'Aujanaa and her mother about her academic readiness, neurocognitive functioning, preparation for independent functioning and future success. Evaluation results indicated significant emotional and cognitive challenges for this polite and socially astute teenager. Clinically significant levels of anxiety and depression were noted in the context of Borderline Intellectual Functioning and requisite challenges in attention/concentration, memory, problem-solving and comprehension of complex material. Areas of strength for Ke'Aujanaa were demonstrated in word recognition/reading, spelling, verbal fluency, and phonological processing ability, and were consistent with her reported enjoyment of writing poetry and prose. Ke'Aujanaa's levels of academic mastery ranged from 4th to 11th grade reflecting strengths in rote phonological ability and weaknesses in attention/concentration and higher order cognitive processes needed for math computation and reading comprehension, respectively. Further, evaluation and interview results echoed Ke'Aujanaa's despondency about current health challenges, past academic experiences, concerns about her future, self-worth, and oppressive feelings of being underestimated.

Diagnostic criteria was met for 1) Borderline Intellectual Functioning, 2) Major Depressive Disorder, recurrent, moderate, with Anxious Distress, 3) Generalized Anxiety Disorder, 4) Trichotillomania (Hair-Pulling Disorder), 5) Major Cognitive Disorder associated with SCD and likely cardiovascular events (reflected circumscribed deficits in motor-sensory functioning and word-finding difficulties), 6) Other Specified Trauma and Stressor Related Disorder associated with health, environmental and educational problems, 7) (provisional) Attention-Deficit/Hyperactivity Disorder (ADHD), primarily inattentive type.

Other history or problems for clinical focus included Unspecified Sleep Disorder and Academic/Educational Problem.

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Recommendations provided: 1) Initiation of psychotherapy to address mood, anxiety, and trauma effects and develop cognitive-behavioral, coping and relaxation strategies for improved wellbeing; 2) Consultation with her primary care physician about the findings of this evaluation including the exploration of treatments for her mood, behavioral, attention, and sleep difficulties; referrals for occupational therapy given fine motor deficits, neurology to rule out an acute neurologic process, and audiology and speech pathology to assist with determining the need for assistive technology and the learning/incorporation of compensatory strategies (given that primary medical records were not available at the time of this evaluation, some of these recommendations may already be in force); 3) Forward findings from this evaluation to Ke'Aujanaa's special education team to revisit her need for enhanced individualized educational services; and related to #1, therapeutic services for Ke'Aujanaa and her family should include monitoring Ke'Aujanaa for sudden changes in behavior that could indicate emerging psychiatric problems that would threaten her safety. Please refer to the full report for details.

BACKGROUND INFORMATION AND HISTORY

The following background information was obtained from interviews with Ke'Aujanaa, and Ke'Aujanaa's mother, Ms. Natasha Shepherd, review of available records, and standardized questionnaires. Primary medical records were not available for the rendering of this report.

Current Concerns: Ms. Shepherd stated that her primary concerns for Ke'Aujanaa include "education and how she'll be able to get through school successfully" and the long term impact of the "trauma she has suffered."

Medical History: Ke'Aujanaa's medical history was significant for Sickle Cell Disease (SCD), asthma and allergies. Ke'Aujanaa reported that she was diagnosed with SCD at birth and experienced pain since then. She reported coping with feeling cold as a child but not knowing why. She stated, "I didn't know I had sickle cell and I was running in and out of the house to warm up until finally my sister told me."

Ke'Aujanaa was frequently hospitalized for SCD and received many treatments throughout her life, including blood transfusions and oxygen. At 6 months old, Ke'Aujanaa was treated through a picc line at home. She reportedly experienced hand and foot syndrome at a young age due to her various treatments. Ke'Aujanaa had experienced loss of consciousness during a sickle cell crisis with blood exchange that lasted 21 days. Ms. Shephard reported that Ke'Aujanaa had an enlarged heart and had been on a ventilator. Ms. Shephard described Ke'Aujanaa's learning to be delayed due to the time she spent in the hospital. She also noted Ke'Aujanaa to have difficulties with memory, thinking and judgment at times.

Ke'Aujanaa was prescribed hydroxyurea and oxycodone (5mg) daily. Ke'Aujanaa reported that she was always in pain, and that she was advised to increase the oxycodone up to 10 mg a day if needed. Ke'Aujanaa denied a subjective feeling of sedation secondary to oxycodone. She was also prescribed glasses but stated that they did not aid her primary problem of blurred vision. She reported difficulties with sleep due to pain, as well as a decrease in appetite when "in crisis." She denied any substance use.

Birth and Developmental History: Ke'Aujanaa was delivered at full term, weighing 7lbs. Early motor and language milestones were met within typical age ranges, though her walking was described to be somewhat delayed due to pain in Ke'Aujanaa's legs from SCD. She was reportedly Twin B and jaundiced following birth.

Social and Family History: Ke'Aujanaa lived with her mother, Ms. Natasha Shepherd, her twin sister and two younger sisters (ages 10 and 6). Ke'Aujanaa also had four older siblings in their twenties and early thirties. Her mother graduated from high school, attended some college and worked as an activist. Ke'Aujanaa reported that her twin sister would be going away to college soon. Family history was noteworthy for Neurofibromatosis and potential learning disability of her younger sister (10).

Educational History: Ke'Aujanaa left Comstock Compass High School in Kalamazoo, Michigan in June of 2020. She received special education supports and services with an Individualized Education Program (IEP) under the category Other Health Impairment for the diagnosis of Sickle Cell Disease (SCD). Ke'Aujanaa reported that she had never been tested in school or diagnosed with a learning disability. She stated that her IEP classification was secondary to SCD and related problems like frequent hospitalization and having completed a low number of classes.

Ke'Aujanaa's most recent IEP (05/13/2021) indicated that she required medication, IV pain medicine, and oxygen at times and had difficulty participating in school due to frequent hospitalizations and doctors' visits. Ke'Aujanaa's physician, Katherine Scott, MD, was quoted: "oxygen can be a requirement, and her alertness can be affected due to her need for pain medication. Some activity can be tolerated, and oxygen should be available at all times."

According to her IEP, Ke'Aujanaa received 15-30 minutes (2-4 sessions per month) of Social Work Services and 15-45 minutes (1-2 sessions per month) of Teacher Consultant. Accommodations and supports included: tests read out loud, access to water and restroom, adjusted timelines to accommodate medical treatments as discussed between administrators/teachers and the student, ability to change location during extreme temperatures and conditions, frequent breaks, extended time on assessments, and access to audio versions of all grade level textbooks, when available. Goals in the areas of comprehension, vocabulary, math problem solving, self-advocacy, anxiety, and transition were listed.

Records further indicated that in September 2020, Ke'Aujanaa was administered the ESTR-J, BASC-3, ABAS and KTEA-3. Assessed with the ESTR-J, an informal rating scale used to assess transition needs for students with mild disabilities, Ke'Aujanaa scored 11/12 (92.3%) on Employment, 3/8 (38%) on Post-Secondary Education, 11/15 (74%) on Home Living, and 2/7 (29%) on Community Participation. Summarily, areas that needed growth based on the 2020 ESTR-J included completion of a vocational interest survey; making plans for post-secondary housing options; identifying goals secondary academic; learning how to arrange for training, housing, financial assistance and employment; learning about checking and savings accounts, credit cards, budgets, and responsible money management; and learning how to use local resources, do comparison shopping and understand the basics of insurance.

Given the BASC-3 rating scale of emotional and behavioral functioning, Ke'Aujanaa scored in the At-Risk range for the areas of atypicality, locus of control, social stress, and depression, and in the Clinically Significant range in the areas of anxiety, sense of inadequacy, and somatization. ABAS-3 scores, reflecting adaptive/independent functioning in 2020, curiously were reported to be average in all areas with no observed deficits. KTEA-3 scores were not reported.

Treatment and Evaluation History: Ke'Aujanaa reported that she had received no mental health services outside of school. She added that she had not received counseling services at school either. Ke'Aujanaa reported that her hospital-based social worker talked to her and the school about her needs and tried to set up in-school mental health support but was unsuccessful. Ke'Aujanaa was open to therapy but had not met a mental health professional in her area that was a good fit. She reported that her social worker had referred her to someone in the past that was inconsistent (i.e., canceled appointments).

BEHAVIORAL OBSERVATIONS

Ke'Aujanaa presented for evaluation neatly dressed and well groomed. She wore a winter jacket for the duration of the daylong evaluation due to illness effects on her body temperature (feeling cold). Ke'Aujanaa complied with Covid precautions and wore a mask throughout the daylong evaluation. She reported that she had not been vaccinated.

Ke'Aujanaa was pleasant, utilized appropriate nonverbal communication such as good eye contact, and readily engaged the examiner and the evaluation process. Her speech was clearly articulated, though fraught at times with word-finding difficulties and at other times impacted by mental fatigue and attention. While Ke'Aujanaa demonstrated quality effort and motivation to do her best on all tasks, challenges with sustained attention and fatigue were noted to affect her performance after several hours. Approximately thirty minutes into the assessment, she experienced some thought blocking. That said, Ke'Aujanaa demonstrated deliberate/intentional effort to organize her thoughts for linear/organized presentation as she consistently rephrased questions as a part of stating her answers. When this tendency was reflected to Ke'Aujanaa, she stated that challenges with comprehension and communication have been aided by this strategy though she didn't realize that was the reason she repeated what she heard. Ke'Aujanaa demonstrated social savvy in several instances; one being when she took pictures of the forms that were presented to her for signature. Ke'Aujanaa reported a pain level range of 7 to 7.5 in her lower extremities (thighs and knees) during testing. Ke'Aujanaa reported that the pain experienced was exacerbated during the evaluation due to her menstrual cycle.

INTERVIEW

Ke'Aujanaa reported anxiety surrounding her health and life in general as a result, "I was supposed to be getting a bone marrow transplant, but then I have to get chemo and I am worried about that." Ke'Aujanaa relayed her difficulties in school prior to her leaving school in June of 2020. She stated that she often felt unsupported, isolated, and weary from having to advocate for herself in situations in which she believed her teachers should have been capable of taking the lead. A few examples shared included sitting in air-conditioned rooms because others were hot and then being denied her request to leave the room to get warm. She asserted that it often felt like the special education team did not communicate with the teaching staff to make sure they understood and were compliant with her IEP designated needs. She stated that her existence at school often felt

"overwhelming." She shared one instance in which a request to leave the classroom and walk around to boost her energy and ability to focus during an episode of feeling cold and drained was denied as if she was being insincere. She added that "the next day I was in the hospital." Ke'Aujanaa also reported frustration with poor grades despite completing and sending in her assignments during absences from school.

Ke'Aujanaa reported feeling anxious and depressed at times. "Depression doesn't come often but when it does it hits hard." She reported depressive episodes to occur monthly. Her most recent depressive episode in July lasted a couple of days. She described feeling lonely, "I always feel left behind." She denied any feelings of panic. When asked to describe her top three stressors in life, Ke'Aujanaa listed her health, moving forward in life, and her future. "I'm not sure my sister will still do donation for transplant."

Socially, Ke'Aujanaa described herself as shy. She reported that she was bullied throughout school for her health, primarily by other girls who accused her of lying and feigning illness. Ke'Aujanaa enjoyed shopping, listening to music and writing. She noted that she was trying to find a job and hoped to attend Central Michigan University in the future to become a pharmacist.

INFORMATION FROM OBSERVER (MS. SHEPHERD) RATING SCALES

Ke'Aujanaa's mother completed a questionnaire regarding her behaviors. She reported problems with attention for Ke'Aujanaa, including trouble concentrating, forgetfulness in daily activities, trouble organizing tasks and distractibility. She endorsed failure to complete schoolwork, lost ability to think, concentrate, or make decisions and trouble keeping her mind on work or play for long.

Emotional concerns endorsed by Ms. Shepherd included Ke'Aujanaa having trouble controlling her anger and feeling worthless, rejected, helpless and hopeless about the future. She was described to have had periods of lost interest or pleasure in activities, and too often become worn out by worry (e.g., what others thought of her or that something bad would happen to her family). Ke'Aujanaa reportedly had a lot of fear and specifically feared animals.

Ke'Aujanaa, additionally, was endorsed to have great difficulty with being separated from her family. She was afraid of going to sleep somewhere without a family member nearby and to report increased aches and pains when she had to be away from her family members. Ke'Aujanaa also reportedly complained of breathing or heart problems when worried, and to have trouble sleeping, fatigue, and low energy.

Other unusual behaviors endorsed by Ke'Aujanaa's mother included Ke'Aujanaa pulling hair from her scalp, eyelashes or other places, and eating non-food items, specifically toilet paper. Academically, Ke'Aujanaa reportedly mixed-up letters when spelling, had difficulty understanding what words meant, and could not answer questions about what she had read. She had difficulty with basic math and sequencing steps in a math problem.

Socially, Ke'Aujanaa was reported to be shy, withdrawn, and unable to develop peer relationships. She had trouble starting a conversation or keeping a conversation going. She insisted that some

things be done the same way and did things repeatedly to reduce anxiety. She was reportedly afraid of being alone and panicked in situations when she had to do things in front of other people.

Finally, Ke'Aujanaa's mother reported she had been exposed to trauma, and expressed concerns that the trauma she suffered would continue to impact her life, preventing her from getting through school successfully. Ke'Aujanaa's problems had reportedly seriously affect schoolwork, grades, friendships, relationships, and home life.

DATA FROM SELF-REPORT QUESTIONNAIRES

Ke'Aujanaa was given a series of screeners and questionnaires that were evaluated qualitatively. She endorsed feeling nervous, jumpy, hopeless, worn out with worry, afraid, worthless, and as though nobody cared about her. She reported that an awful thing happened to her where she thought she would die, and that upsetting thoughts or pictures 'got stuck' in her head.

Socially, she worried about not being with her family or other adults she knew well. She reported being easily annoyed by others, preferring to be alone and avoiding talking to unfamiliar people. She endorsed becoming stressed when she had to do things in front of others and worrying about embarrassment. She reported being bullied, feeling lonely and imagining ways to hurt or "get even" with others.

Ke'Aujanaa reported recent changes in appetite, trouble sleeping, feeling tired and restlessness. She endorsed having rituals that were unusual and stopping herself from doing things repeatedly. She also reported pulling hair from her scalp, eyelashes, or other places until there were bald patches.

Ke'Aujanaa reported having to stay home from school because of aches and pains and feeling slowed down in her movements. She endorsed getting dizzy, shaky, sweaty, and having trouble breathing when worried. She noted having trouble finishing things and keeping her mind on what she was doing. Ke'Aujanaa reported that she was behind in schoolwork. She noted trouble carrying and borrowing in math and keeping her place when reading.

Ke'Aujanaa additionally endorsed feeling depressed for weeks at a time, lost interest or pleasure in most activities, trouble concentrating and making decisions, and thoughts about killing herself. She had experienced strong fear and had periods of her life where she spent a lot of time thinking or worrying about gaining weight, becoming fat, or controlling her eating. Finally, she felt that people had something against her, without them necessarily saying so, or that someone or some group may be trying to influence her thoughts or behaviors.

REFERRAL SUMMARY AND NARRATIVE OF TEST RESULTS

Ke'Aujanaa Shepherd-Friday was a 19-year-old, right-hand dominant female whose medical history was noteworthy for Sickle Cell Disease (SCD), numerous SCD crises and complications including loss of consciousness and acute changes in speech and hearing difficulties following a crisis in 2017. Ke'Aujanaa's medical history was also significant for being Twin B, along with symptoms of anxiety and depression. Her psychosocial history was noteworthy for several traumatic events and situations including feeling isolated and unprotected in the educational environment. Her developmental history was benign in terms of achievement of early language

and motor milestones. Ke'Aujanaa received educational services under the classification of Other Health Impairment. Primary parental concern at the time of this evaluation included securing the academic and life skills needed for successful independent functioning and resolving past trauma.

Please see the recommendations following the narrative results for supports and interventions that can increase resiliency and maximize Ke'Aujanaa's well-being and functioning.

Neuropsychological evaluation results revealed the following:

- Overall *behavioral and cognitive functioning* reflecting the synergy of chronic pain, medication side effects, depression, along with past and current life stressors. Observed effort was consistent with valid and reliable findings. Screening measures of effort were adversely affected by Ke'Aujanaa's cognitive deficits.
- Deficient Range performance on measures of *psychometric intelligence* indicating overall language and visual-perceptual processing and problem-solving ability consistent with a youngster approximately six years her junior (13 years).
- Average range performance on *achievement* tests screening word-reading and spelling skills (grade equivalents of 11.0 and 10.8, respectively). Estimates of Low Average to Borderline functioning on measures of reading comprehension and mechanical (paper/pencil problem-solving) arithmetic (estimated grade equivalents of 6.5 and 4.0, respectively).
- Consistent with behavioral observations of adequate *speech/language* ability, Ke'Aujanaa demonstrated average range performance on measures of phonological processing and verbal fluency. In contrast, her performance on all measures of verbal memory were mild to moderately impaired.
- A careful review of Ke'Aujanaa's pattern of performance on *verbal memory* tests indicated that she was capable of verbal learning with repeated exposure to the target information, though her overall achievement and accumulation of knowledge fell below age expectations in part due to attention/concentration difficulties. On a second test of verbal and visual recall, Ke'Aujanaa demonstrated a relative strength in the immediate recall of geometric shapes (Average range *visual memory*—immediate recall), an ability associated with success in reading and other tasks involving symbol manipulation.
- Moderate to severe impairment on executive functioning measures of attention/concentration, initiation, self-monitoring, mental flexibility (ability to shift attention from one concept to another), planning, and problem-solving.
- Mild to moderate impairment was demonstrated on a task of fine motor dexterity and broad average ability on a measure of fine motor speed. Research findings on depression and motor speed would suggest that her performance was consistent with norm for women with depression. Left ear suppression errors during bilateral stimulation on a sensory measure.

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- Parental endorsement of Ke'Aujanaa's behavior and functioning on other standardized questionnaires highlighted clinically significant problems with attention/concentration, organization/planning, working memory, withdrawal, and related challenges in mood and feelings of adequacy. School records (2020) indicated age-appropriate adaptive functioning (the ability to independently navigate home, school and community environments and meet basic demands in those settings) based on parental responses.
- Ke'Aujanaa's responses to a standardized questionnaire and interview questions indicate noteworthy difficulty in attention/concentration, self-esteem, anxiety, social distress, depression, and traumatic stress secondary to feelings of neglect in her educational pursuits.

DIAGNOSIS

R41.83 Borderline Intellectual Functioning

F33.1 Major Depressive Disorder, recurrent, moderate with Anxious Distress

F01.51 Major Neurocognitive Disorder associated with SCD complications, e.g., vascular disease

F41.1 Generalized Anxiety Disorder

F43.8 Other Specified Trauma and Stressor Related Disorder associated with health, environmental, and educational problems

F90.5 Attention-Deficit/Hyperactivity Disorder (ADHD), primarily inattentive presentation (provisional)

Other history or problems for clinical focus:

Unspecified Sleep Disorder; Impairment of fine motor and sensory functioning; Educational Problem

SUMMARY AND RECOMMENDATIONS

Ke'Aujanaa's neurocognitive pattern and behavioral functioning during this evaluation yielded relative strengths in language (phonological processing and verbal fluency), visual perceptual processing, ability to acquire verbal information with repeated exposure (learning curve), and interpersonal functioning. Significant weaknesses were identified on executive tasks tapping attention/concentration, mental flexibility and organization, as well as tasks assessing her memory, motor-sensory functions, and the speed of information processing necessary for age-appropriate reasoning and problem-solving. Her pattern of performance also suggests the chronic and acute impact of SCD related health issues and secondary mood and emotional problems. Related to the aforementioned constitutional challenges, Ke'Aujanaa's overall performance on the Wechsler Adult Intelligence-4th edition fell in the Borderline Range of psychometric intelligence (2nd – 5th percentile), suggesting that she will likely lag behind same-age peers in academic, behavioral, and emotional functioning, currently performing more similar to a youngster 6 years her junior.

Ke'Aujanaa and youngsters with similar neurocognitive and behavioral profiles need individualized and comprehensive interventions to maximize their learning potential through addressing their cognitive, emotional and behavioral challenges. At the time of assessment, Ke'Aujanaa's neurocognitive and behavioral profile was most consistent with the combined presence of a Major Cognitive Disorder associated with SCD, Borderline Intellectual Functioning, Depression and Anxiety-related disorders, and indications of an Attention-Deficit Disorder. Her desire to achieve and experience success, in conjunction with her relatively stronger verbal ability,

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rote visual perceptual ability, and capacity for learning in structured situations suggests that she has the ability to acquire a higher level of academic mastery and independent functioning in a setting sensitive too and tailored for her profile and individual educational needs. For instance, a curriculum that provides audio books of content subjects with interactional learning modules and formative assessment would lend itself to greater achievement and preparation for independent functioning. Having a social worker or other designated individual in the school environment will also serve to enhance her learning and skill development by facilitating feelings of safety and well-being through in vivo development of coping skills and having a safe place to ground herself when feeling threatened or destabilized.

As stated, Ke'Aujanaa's cognitive ability, academic achievement, and current level of independent functioning were consistent with a child six years her junior. That said, individuals with similar levels of functioning present with a unique need for nurturing, attentive, and accepting relationships with teachers and caregivers. The quality of their relationship with primary adults is found to have a more significant impact on their academic success and overall wellbeing than their typically developed peers.

It is imperative that Ke'Aujanaa's teachers and caregivers recognize her behavior as reflecting trauma from medical crises and repeated failure, secondary mood and other emotional factors, along with expectations inconsistent with her current cognitive ability. Any refusals or poor performance should be viewed as rooted in her experience with failure and lack of compensatory strategies instead of being rooted in willful neglect of academic tasks and other responsibilities. That said, she will begin to thrive in an environment that celebrates her strengths and abilities independent of age-based expectations and provides clear patient support, supervision, and guidance.

Concerning past trauma and current emotional challenges, Ke'Aujanaa would benefit from weekly therapeutic services to address feelings of past neglect in the educational environment and their synergistic impact on her current emotional status related to medical and other life challenges.

Specific Recommendations for Ke'Aujanaa and family

1. Psychotherapy/counseling and parent support to address the benefits of parental expressiveness, attunement, involvement, and stimulation for enhancing academic, social, and vocational outcomes for Ke'Aujanaa, in addition to addressing Ke'Aujanaa's need to have developmentally appropriate autonomy, increased social interaction, a venue to work on cognitive behavioral strategies and relaxation techniques for anxiety, interventions for improving self-esteem, and strategies for promoting understanding, compliance, wellbeing, and self-regulation. Psychoeducation for understanding her cognitive abilities, depression, and anxiety is also recommended for Ke'Aujanaa and her family, while monitoring her for the development of acute psychiatric symptoms such as ideation of self or other harm. *(Ke'Aujanaa denied active suicidal and homicidal ideation).*
2. Ke'Aujanaa and her mother are strongly advised to work with medical providers to find the best medication for maximizing her functioning and capacity for skill acquisition by treating anxiety, related compulsive behaviors, and difficulties with attention, self-regulation, mood, and sleep disruption. Monitoring Ke'Aujanaa's mood and emotional

functioning, given her biological predisposition and years of stress related to undue expectations, is strongly recommended.

Specifically, consultation with her primary care physician about the findings of this evaluation, including treatment of anxiety and depression, carefully considered and strategically approached options for pain management that have less impact on mental functions, and initiation of speech/language therapies to address word finding difficulties, and occupational therapy to assess for compensatory tools for graphomotor functioning; and completion of paperwork needed to update special education services. Referrals to neurology and audiology are also needed to follow up on motor-sensory findings and other indications of cerebral dysfunction.

3. Consider strategies like those listed below to improve Ke'Aujanaa's self-esteem:
 - a. Encourage scheduled activities with family members and friends doing something she enjoys and could possibly take the lead on because of her strengths.
 - b. Brainstorm in the therapy and family setting to assist Ke'Aujanaa in coming up with coping strategies for dealing with daily struggles and dilemmas. Ask Ke'Aujanaa what she thinks would help the problem instead of rushing to fix the problem or offer a solution. If she is stumped, help her generate a list of potential responses.
 - c. Highlight things she does well through complements and increased responsibility.
 - d. Be realistic about what Ke'Aujanaa can reasonably be expected to accomplish and set her up for success. Find ways to increase her awareness of what she can control and accomplish.
 - e. Communicate to Ke'Aujanaa by assigning reasonable jobs around the house that she has value to improve others' lives.
4. Ke'Aujanaa and her family are reminded of the benefit of low-expressed emotions in response to undesired events and circumstances and high expressed emotions in the presence of desired events or behaviors. Make sure task demands and family expectations are clearly and concisely articulated and understood by all, by making it a household ritual that requests, or instructions are repeated.
5. To minimize mental fatigue, design Ke'Aujanaa's schedule at home, school or eventually work, whenever possible, so that high-interest activities follow low-interest or problem activities. Build respite into her schedule by having a less-demanding task follow a more demanding one.
6. Ke'Aujanaa would benefit from following along with audiobooks daily on topics that she finds interesting.

7. Annual neuropsychological evaluation is recommended to monitor neurocognitive function and development and assist with treatment recommendations pertinent to her stage of development and given her acute medical condition.

Recommendations for school:

1. Based on neuropsychological findings and diagnoses, it is recommended that Ke'Aujanaa re-enroll in school in an environment sensitive to her age and needs, and that her special education team review and determine eligibility for enhanced special education services given her specific pattern of neurocognitive strengths and weaknesses, and specific academic and emotional needs. Ke'Aujanaa will benefit from ample individualized instruction to develop essential academic and life skills.
2. In addition to general curriculum skill areas, Ke'Aujanaa would benefit from a strategic approach to the following skill areas: money concepts, time concepts, independent living skills, self-care and hygiene, community access, leisure activities, and vocational training.
3. Ke'Aujanaa's school-related distress may improve with programming changes that are more sensitive to her self-esteem, and social needs (including a sense of belonging and value). Nevertheless, the addition of social work services to address emotional issues and behaviors that interfere with school functioning (e.g., fear of scrutiny, failure fatigue, performance anxiety) is recommended.
4. Additional recommendations for school include the following:
 - a. Teach one concept or activity component at a time.
 - b. Teach one step at a time to help support memorization and sequencing.
 - c. Always provide multiple opportunities to practice skills in several different settings.
 - d. Use physical and verbal prompting to guide correct responses, and provide specific verbal praise to reinforce these responses.
 - e. Break up classwork and assignments into smaller, manageable tasks (i.e., "complete the first three items" then, "complete the next three items," etc.)
 - f. When possible, provide verbal repetition for multi-step directions, and have Ke'Aujanaa repeat back what was said.
 - g. When possible, reduce the number of visual stimuli presented at one time (e.g., cover portions of the text when reading, cards with a cut-out window to isolate text, etc.)
 - h. Items read aloud for Ke'Aujanaa on tests and classroom assignments.
 - i. Provide frequent breaks with an opportunity to leave her seat (obtain a drink, perform errands, assist a teacher in the classroom, etc.).
 - j. Use of nonverbal signals with Ke'Aujanaa (e.g., hand signs) when she is not on task.
5. In group settings, seat Ke'Aujanaa near the teacher to provide increased oversight and ability to monitor her needs. She is likely to benefit from subtle cues to take breaks and complete tasks. Provide increased monitoring to ensure that she has understood task

instructions and is completing tasks as instructed. Provide Ke'Aujanaa with a quiet place and extended time for testing

6. Given significant fine motor deficits, provide Ke'Aujanaa with extended time when writing is required; providing assistive devices for writing, such as computers or tablets, is even more ideal.
7. Ke'Aujanaa's caregivers and educators are encouraged to approach her during challenging times through a trauma lens. That said,
 - o When Ke'Aujanaa is having a difficult time, it can help to look for cues in the environment that may have triggered a fear response. Be careful about placing blame on Ke'Aujanaa. The question, "What's happening in this situation," can be more helpful than, "What's wrong with Ke'Aujanaa?" Authority figures need to remain calm. After Ke'Aujanaa reacts, kindly and compassionately reflect to Ke'Aujanaa such as, "I see that you're having trouble with this problem," or "You seem like you're getting irritated." Offer a couple of choices, at least one of which should be appealing. This will help Ke'Aujanaa gain a sense of control and agency and foster feelings of safety once more. Over time, the hope is that Ke'Aujanaa will feel more comfortable saying, "I need help" or "I need a break."
 - o Ke'Aujanaa would benefit from having *peaceful, predictable transitions*. Transitions between activities can trigger a feeling of "uh oh, what's going to happen next?" which can prime individuals towards emotional reactivity. Some youth benefit from meditation bell or music to signal it's time to transition. The important thing is to build a routine around transitions so that children know: a) what the transition is going to look like, b) what they're supposed to be doing, and c) what's next.
 - o *Praise publicly and criticize privately*. Due to her challenges, Ke'Aujanaa is hypersensitive to criticism. Hence, caregivers should be particularly sensitive when reprimanding Ke'Aujanaa. Because of this, it will be imperative to capture moments when she is doing well and point it out to build her self-worth: "Wow, I love how you patiently responded to your classmate" or, "Thank you for helping your classmate." When you need to re-direct the behavior, do so privately and in as calm a voice as possible.
8. A school occupational therapy evaluation is recommended to address motor impairments, speech-language pathology to assist with word-finding difficulty, a reading specialist to assist with reading comprehension strategies like the SQ3R method, and an audiologist to determine the need for assistive devices and environmental compensatory tools.

It was a pleasure working with Ke'Aujanaa and her family. Please do not hesitate to contact me at 810-869.6228 with any questions about this report or the suggested recommendations.

Chiarina G. Owens, Ph.D.

9/18/2021

Chiarina Owens, Ph.D., LP
Pediatric Neuropsychologist

Date

Ke'Aujanaa Shepherd-Friday
Birth Date: 7/15/2002

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CONFIDENTIAL TEST SCORES.

Note: These scores are intended for appropriately licensed professionals and should never be interpreted without consideration of the attached narrative report.

The test data listed below use one or more of the following formats:
Standard Scores have an average of 100 and a standard deviation of 15 (the average range is 85 to 115).
Scaled Scores have an average of 10 and a standard deviation of 3 (the average range is 7 to 13).
T-Scores have an average range of 50 and a standard deviation of 10 (the average range is 40 to 60).
Percentile score: A percentile ranking tells the percentage of similarly-aged child who would score similarly to or below Ke'Aujanaa's score. For example, a score at the 50th percentile places Ke'Aujanaa's performance at the solidly average range, with 50% of similarly-aged youth scoring at or below the same score. The average range is reflected in the 18th – 82nd percentile.

INTELLECTUAL FUNCTIONING

Wechsler Adult Intelligence Scale – 4th Edition

<u>Index</u>	<u>Standard Score</u>	<u>Performance Range</u>	<u>Percentile Rank</u>	
Verbal	72	Significantly Below Average	3 rd	
Perceptual Reasoning	73	Significantly Below Average	4 th	
Working Memory	74	Significantly Below Average	4 th	
Processing Speed	76	Significantly Below Average	5 th	
Full Scale IQ	68	Impaired	2 nd	
<u>Domain</u>	<u>Subtest</u>	<u>Standard Score</u>	<u>Performance Range</u>	<u>Percentile Rank</u>
Verbal Comprehension				
	Similarities	6	Below Average	9 th
	Vocabulary	5	Sig Below Average	5 th
	Information	4	Impaired	2 nd
	(Comprehension)	4	Impaired	2 nd
Perceptual Reasoning				
	Block Design	4	Impaired	2 nd
	Matrix Reasoning	4	Impaired	2 nd
	Visual Puzzles	8	Average	25 th
	(Picture Completion)	3	Impaired	1 st
Working Memory				
	Digit Span	6	Below Average	9 th
	Arithmetic	5	Sig Below Average	5 th
Processing Speed				
	Symbol Search	7	Below Average	16 th
	Coding	3	Impaired	1 st
	(Cancellation)	3	Impaired	1 st

ACADEMIC ACHIEVEMENT

Wide Range Achievement Task **(broad estimates due to error in test administration)*

Subtest	Standard	Grade Equivalent	Performance Range	Percentile
Word Reading	93	11	Average	32 nd
Spelling	94	10.8	Average	34 th
Sentence Comprehension	*73	*4.7	*Significantly Below Ave	4 th
Math Computation	71	4.0	Significantly Below Ave	3 rd

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MEMORY**Wechsler Memory Scale – 4th Edition**

Subtest	Scaled Score	Performance Range	Percentile Rank
Logical Memory I	4	Impaired	2 nd
Logical Memory II	5	Significantly Below	5 th
Visual Reproduction I	8	Average	25 th
Visual Reproduction II	5	Significantly Below	5 th

California Verbal Learning Test – 2nd Edition

	Standard Score	Performance Classification
Trial 1-5	T=31	Significantly Below Average
Total Learning Slope 1-5	Z= -0.5	Low average
Forced Choice Recognition	n/a	Good Effort/100% accuracy
Short Delay Free Recall	Z= -2	Moderately Impaired
Short delay Cued Recall	Z= -2.5	Moderately Impaired
Long Delay Free Recall	Z= -2	Moderately Impaired
Long Delay Cued Recall	Z= -1	Mildly Impaired

LANGUAGE**Auditory Analysis Test – phonological processing**

Raw Score	Performance Classification
34	Within Normal Limits

Controlled Oral Word Association Test (FAS) – verbal fluency

Raw Score	Performance Classification
26	Low Average

ATTENTION AND EXECUTIVE FUNCTIONING**Trail Making Test A & B**

	Z-Score	Performance Range	Percentile Rank
Trail Making Test A	-4.07	Impaired	< 1 st
Trail Making Test B	-7.17	Impaired	< 1 st

Wisconsin Card Sorting Test

	Standard	T-Score	Percentile
Percent Errors	72	31	3 rd
Percent Perseverative Responses	62	25	1 st
Percent Perseverative Errors	65	27	1 st
Percent Non-perseverative Errors	84	39	14 th
Percent Conceptual-Level Responses	69	29	2 nd
Categories Completed	-	-	11 th -16 th
Trial to Complete First Category	-	-	> 16 th
Failure to Maintain Set	-	-	> 16 th
Learning to Learn	-	-	2 nd -5 th

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FINE-MOTOR, VISUAL-MOTOR AND VISUAL-SPATIAL FUNCTIONING

Grooved Pegboard – fine motor dexterity		
Hand	Z-Score	Performance Range
Dominant	-1.25	Mildly Impaired
Non-Dominant	-2.03	Moderately Impaired
Finger Tapping – upper extremity speed		
Hand		Performance Range
Dominant Right	-1.43	Below Average (WNL for depressed women)
Non-Dominant Left	.86	WNL
Judgement of Line Orientation – spatial orientation		
Raw Score		Performance Range
10		Severely Impaired

QUESTIONNAIRES

Conners Adult ADHD Rating Scale – CAARS Self-Report: Long Version (CAARS-S:L)			
Some inconsistency.			
Subscale	Raw Score	T-Score	Guideline
Inattention/Memory Problems	23	70	Moderately Atypical
Hyperactivity/Restlessness	24	64	Mildly Atypical
Impulsivity/Emotional Lability	12	52	Typical
Problems with Self-Concept	16	71	Markedly Atypical
DSM-V: Inattentive Symptoms	18	74	Markedly Atypical
DSM-V: Hyperactive-Impulsive	10	52	Typical
DSM-V: ADHD Symptoms Total	28	65	Mildly Atypical
ADHD Index	25	73	Markedly Atypical

Conners Adult ADHD Rating Scale – CAARS Observer: Long Version (CAARS-O:L)			
This form was completed by Ke'Aujanaa's mother. Consistent Responding			
Subscale	Raw Score	T-Score	Guideline
Inattention/Memory Problems	32	82	Significantly Atypical
Hyperactivity/Restlessness	17	58	Slightly Atypical
Impulsivity/Emotional Lability	9	47	Typical
Problems with Self-Concept	16	75	Markedly Atypical
DSM-V: Inattentive Symptoms	21	74	Markedly Atypical
DSM-V: Hyperactive-Impulsive	6	48	Typical
DSM-V: ADHD Symptoms Total	27	65	Mildly Atypical
ADHD Index	21	69	Moderately Atypical

Structured Inventory of Malingered Symptomology (screening measures)			
SIMS Scales	Raw Score	Clinical Cutoff	Guideline
Psychosis (P)	4	>1	Elevated
Neurologic Impairment (NI)	2	>2	Not Elevated
Amnesic Disorders (AM)	3	>2	Elevated
Low Intelligence (LI)	4	>2	Elevated
Affective Disorder (AF)	9	>5	Elevated
Total	22	>14	Elevated

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Physician verification of Other Health Impairment for Ke'Aujanaa Shepherd-Friday

Ke'Aujanaa's family should take this form to a qualified medical professional, (e.g., physician, neurologist, etc.) for signature. The form should then be shared with Ke'Aujanaa's school.

Ke'Aujanaa has been diagnosed with Borderline Intellectual Functioning, Major Neurocognitive Disorder associated with SCD, Major Depressive Disorder, recurrent, moderate with Anxious Distress, Generalized Anxiety Disorder, Trichotillomania (Hair-Pulling Disorder), Other Specified Trauma and Stressor Related Disorder, and Attention-Deficit/Hyperactivity Disorder (ADHD), primarily inattentive type (provisional), by Chiarina Owens, Ph.D. (For more information, please see accompanying neuropsychological evaluation report.) Considering these diagnoses, Ke'Aujanaa may be eligible for special education services in Michigan as a student with Other Health Impairment (OHI) through the age of 26 years. Michigan education law requires a medical provider (NOT a psychologist) to document the existence of health problems such as ADHD. To facilitate multidisciplinary collaboration, this form is to be used to assist Ke'Aujanaa and her family in obtaining the necessary documentation for educational purposes.

A summary of eligibility criteria under Michigan special education laws:

R 340.1709a Other Health Impairment explained; determination. Rule 9a.

(1) "Other health impairment" means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment and to which both of the following provisions apply:

(a) Is due to chronic or acute health problems such as any of the following:

- o Asthma.
- o Attention deficit hyperactivity disorder.
- o Diabetes.
- o Epilepsy.
- o A heart condition.
- o Hemophilia.
- o Lead poisoning.
- o Leukemia.
- o Nephritis.
- o Rheumatic fever.
- o Sickle cell anemia.

(b) The impairment adversely affects a student's educational performance.

(2) A determination of disability shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team, which shall include 1 of the following persons:

- (a) An orthopedic surgeon.
- (b) An internist.
- (c) A neurologist.
- (d) A pediatrician.
- (e) A family physician or any other approved physician as defined in 1978 PA 368, MCL 333.1101 et seq.

Chronic or Acute Health Problem, (e.g., ADHD): _____

Physician Signature: _____

Physician Printed [Name]: _____

Date: _____

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